

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DER.
1			/			
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TOTAL IND.			1			
TOTAL DER.			34			
TOTAL CLAIMS			55			

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY